PTO/SB/01 (08-03)

Approved for use through 07/31/2006, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

02504

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

| 02504

DECLARATION FOR UTILITY OR

DES	SIGN	rirst Name	Jeremy C. Howard et al.				
PATENT APPLICATION			COM	IPLETE IF KN	NOWN		
(37 CF	R 1.63)	Application	Number	Uknown			
Declaration	Declaration	Filing Date		Unknown			
Submitted OR With Initial	Submitted after In Filing (surcharge	Art Unit		Unknown			
Filing	(37 CFR 1.16 (e)) required)	Examiner N	lame	Unknown			
I hereby declare that:							
Each inventor's residence, mailing address, and citizenship are as stated below next to their name.							
I believe the inventor(s) name		al and first inventor(s	of the subjec	t matter whic	ch is claimed a	nd for	
which a patent is sought on th			·			7	
FACE SHIELD ASSE	NRLY						
4b	(7	Title of the Invention)	···				
the specification of which							
is attached hereto							
OR							
was filed on (MM/DD/Y	YYY)	as Unit	ed States Apr	olication Nun	nber or PCT In	ternational	
`			гг.				
Application Number	and wa	s amended on (MM/I	DAYYYO [(if a	applicable).	
I hereby state that I have revie amended by any amendment	wed and understand the	e contents of the abo	ve identified s	pecification,	including the c	laims, as	
·							
I acknowledge the duty to discontinuation-in-part application							
and the national or PCT intern	ational filing date of the	continuation-in-part a	pplication.	_			
I hereby claim foreign priority inventor's or plant breeder's ri	benefits under 35 U.S	S.C. 119(a)-(d) or (f),	or 365(b) of	any foreign	application(s)	for patent,	
country other than the United	States of America, listed	d below and have als	o identified be	low, by che	cking the box,	any foreign	
application for patent, inventor before that of the application or			ny PCT intern	ational appli	ication having a	a filing date	
Prior Foreign Application	Fore	eign Filing Date	Priori		ertified Copy	Attached?	
Number(s)	Country (N	IM/DD/YYYY)	Not Clai	med 1	Yes	No	
			<u></u>	ļ i	Ц		
]	Ш		
,]]			
			Γ]			
Additional foreign applicat	ion numbers are listed (on a supplemental pri	ority data she	et PTO/SB/0	02B attached h	ereto.	

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number:			0	000987 OR Correspondence address					pondence address below
Name Jodi-Ann McLane, Salter & Michaels	son			-					
Address 321 South Main Street									
City		•		State	•				ZIP
Providence				RI	-				02903-7128
Country		Telephon	е			Fax			
US		401-421-3	141			401-8	361-195	3	
I hereby declare that all statem and belief are believed to be statements and the like so made false statements may jeopardize	e true; and fur de are punishat	ther that to ble by fine	these stat or impriso	ement onmen	ts were it, or bo	made th, und	with der 18	the kno	owledge that willful false
NAME OF SOLE OR FIRST IN	VENTOR:		ПАр	etition	has be	en filed	d for thi	s unsigi	ned inventor
Given Name (first and middle [if any]) Jeremy C.	(1)	\			F	amily I r Surna oward	Name	. *	
Inventor's Signature	A.					•		•	Date V [10]
Residence: City Little Compton	State\			Cour US	ntry			Citize: US	nship
Mailing Address 16 Austin Lane	V								
City	State		•		ZIP				Country
Little Compton	RI				02837				US
NAME OF SECOND INVENTO	R:				A pe	tition h	nas bee	en filed t	for this unsigned inventor
Given Name (first and middle [if any]) Luke W.						mily N Syrna		***	.
Inventor's Signature	sist	1 ~							Date / 10/03
Residence:\Cty	State			Cour	ntry			Citize	nship
Westerly	RI			us				us	
Mailing Address 58 Tum A Lum Circle									
City	State		,		ZIP			Count	try
Westerly	RI				02891			us	
Additional inventors or a legal re	presentative are bei	ng named on	the s	upplem	ental shee	et(s) PTO	D/SB/02A	or 02LR	attached hereto.

PTO/SB/02A (08-03)
Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION	Supplemental Sheet Page —— of ———						
Name of Additional Joint Inventor, if any:		☐ A petit	tion has been filed	for this unsign	ed inventor		
		1		i ioi tilio tilioigili	CG HITCHROI		
Given Name (first and middle (if any)		1	e or Sumame				
Prichard vv.		Canavan	- - -		 -		
Inventor's Refract Williams		·····			Oct 10, 03		
Woodstock Residence: City	CT State		JS Country	US Citize	nship		
166 Woodstock Road Mailing Address	•		-	1			
Mailing Address							
Woodstock City	CT State		06281 Zip	US Cou	untry		
Name of Additional Joint Inventor, if any:		☐ A petit	tion has been filed	for this unsign	ed inventor		
Given Name (first and middle (if any)	· · · · · ·	Family Name or Surname					
Raymond		Curci					
Inventor's Raymond luci		Date /p/	6/03				
Smithfield Residence: City	RI State	,	US Country		US Citizenship		
27 Rogler Farm Road Mailing Address							
Mailing Address		•					
Smithfield City	RI State		02917 Zip	US Coi	untry		
Name of Additional Joint Inventor, if any:		☐ A petit	tion has been filed	l for this unsign	ed inventor		
Given Name (first and middle (if any)			Family N	ame or Surnam	ne		
Laurent		Froissard					
Inventor's Signature		Date /	10 Octob	er 2003			
Cranston V Residence: City	RI State		US Country		France Citizenship		
14 My Hollow Court Mailing Address							
Mailing Address							
Cranston City	RI State		02921 Zip	US Cor	untry		

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/02A (08-03)

Approved for use through 08/31/2003. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

ADDITIONAL INVENTOR(S)

DECLARATION	Supplemental Sheet Page of						
Name of Additional Joint Inventor, if any:		A petition	has been filed for this u	unsigned in	ventor		
Given Name (first and middle (if any)		Family Name or	Surname				
Philip M.		Johnson					
Inventor's Signature				Date V	10/10/03		
Charlton Residence: City	MA State	USA Co	untry	JS Citizenship			
61 E. Baylies Road Mailing Address							
			w				
Mailing Address	1		Tallala	T			
Chariton City	MA State	•	01507 Zip	USA Country			
Name of Additional Joint Inventor, if any:			has been filed for this u		ventor		
Given Name (first and middle (if any)		Family Name or Surname					
Erica L		Osley	- ***				
Inventor's Signature & Elica L. Ooley Coventry		Date	0/10/03				
Coventry Residence: City	RI State		USA Country		US Citizenship		
12 Walker Lane Mailing Address				-			
Mailing Address							
Coventry City	RI State		02816 Zip	USA Country			
Name of Additional Joint Inventor, if any:		A petition	has been filed for this u	unsigned inv	ventor		
Given Name (first and middle (if any)			Family Name or S	urname			
Inventor's Signature		Date					
Residence: City	State		Country		Citizenship		
Mailing Address							
Mailing Address							
City	State		Zin	Country			

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTC/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

							
I hereby appoint:			\neg				
X Practitioners at Customer Number.	000987						
OR							
Practitioner(s) named below:	•						
Name Registration Number							
···					┪ '		
					┪		
as my/our attorney(s) or agent(s) to prose Trademark Office connected therewith.	cute the application identified	above, and to trans	act all business in	n the United States Patent	and		
Please recognize or change the correspo	ndence address for the above-	identified application	on to:				
The above-mentioned Custome		•••					
The above-mentioned custome	numer.			•			
OR							
The address associated with Co	stomer Number:		,	w. "			
OR							
Firm or Individual Name							
Address							
Address							
City		State		Zip			
Country							
Telephone		Fax					
I am the: X Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Jereny C. Howar	ed \						
Signature							
Date	1,01,0103		Telephone				
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
X *Total of 7 forms are	submitted.						

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the Inis collection or information is required by 37 CFR 1.31 and 1.33. The information is required to occall of retain a benefit by the public which is to like (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE flection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to res

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hereby appoint:			\neg				
X Practitioners at Customer Number:	000987						
OR							
Practitioner(s) named below:							
Name			Registration Nu	ımber			
			· · · · · · · · · · · · · · · · · · ·				
				About Inited Chates Date - A and			
as my/our attorney(s) or agent(s) to prosecu Trademark Office connected therewith.	te the application identified a	above, and to trans	sact all business in	the United States Patent and			
Please recognize or change the correspond	ence address for the above-	dentified application	on to:				
The above-mentioned Customer N	umper.						
OR							
The address associated with Cust	omer Number:						
OR .							
Firm or Individual Name							
Address							
Address							
City		State		Zip			
Country							
Telephone		Fax					
lam the:							
LX Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name Luke W. Michas;							
Signature There I !							
Date Telephone							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.							
X *Total of7 forms are su							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/S8/61 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

offection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIEDD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hambu annaimh						
l hereby appoint:		······································	7			
X Practitioners at Customer Number	000987					
OR			· ·			
Practitioner(s) named below:						
Name Registration Number						
as my/our attorney(s) or agent(s) to pro Trademark Office connected therewith.	secute the application identified a	bove, and to trans	act all business in	the United States Patent and		
Please recognize or change the corresp	condence address for the above in	tentified applicatio	on to:			
Please recognize or criange the corresp	Concence address for the above w	zeriunea applicatio	J. 1. 10.			
The above-mentioned Custom	ner Number:					
OR						
The address associated with	Cuntomor Number					
OR .	Oustonier Number.					
Firm or Individual Name						
Address						
Address						
City		State		Zip		
Country						
Telephone		Fax		- <u>-</u>		
l am the: X Applicant/Inventor.						
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
	SIGNATURE of Applicant	or Assignee of R	Record			
Name Richard W. Car	navan					
Signature Rockmal (1).	Cenn					
Date Out. 112. U	23		Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
X *Total of 7 forms a	re submitted.					

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPART MENT OF COMMERCE

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

Under the Paperwork Reduction Act of 1995, no persons are re	guired to respond to a collection of info	rmation unless it displays a valid OMB control number.		
POWER OF ATTORNEY	Application Number	Unknown		
	Filing Date	Unknown		
	First Named Inventor	Jeremy C. Howard et al.		
and	Title	FACE SHIELD ASSEMBLY		
CORRESPONDENCE ADDRESS INDICATION FORM	Art Unit	Unknown		
	Examiner Name	Unknown		
	Attorney Docket Number	02504		

I hereby app	point:						7		
X Pract	titioners at Customer	Number:	000987						
OR		l							
Pract	titioner(s) named bek	ow:							
		Name					Registration	Number	
ļ									
-									
<u> </u>					_				
as my/our a Trademark	ittorney(s) or agent(s Office connected the) to prosecut rewith.	te the application	identified	above, and	d to trans	sact all business	in the Un	ited States Patent and
Please reco	ognize or change the	corresponde	ence address for t	the above	-identified	application	on to:		
	ne above-mentioned								
OR				<u> </u>		<u> </u>			
П	he address associate	ed with Custo	omer Number:						
OR .									
	Firm or Individual Name								
Addr	ess								
Addr	229							7:-	r"
City	-4				s	State		Zip	<u></u>
Cour	phone				TE	ax			
I am the:	риоте								
	oplicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)									
SIGNATURE of Applicant or Assignee of Record									
Name	Raymond Cu	rci /	1						
Signature	Kann	y pory	fusci						
Date	plotos						Telephone		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
X -Tota	7	forms are su							

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (06-03)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
o a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to re

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hereby appoint:				
X Practitioners at Customer Num	o00987			
OR	L		-	
Practitioner(s) named below:				
N	ame		Registration Nu	mber
as my/our attorney(s) or agent(s) to p Trademark Office connected therewith	rosecute the application identified a h.	above, and to transa	act all business in	the United States Patent and
Please recognize or change the corre	espondence address for the above-	Identified application	n to:	
The above-mentioned Custo	omer Number:			
OR				
The address associated with	th Customer Number:		4	
OR .				
Firm or Individual Name				
Address				
Address				T 7:- T
Country		State		Zip
Telephone		Fax		
I am the: X Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)				
	SIGNATURE of Applican		lecord	
Name Laurent Frois	ssard			
Signature				
Date 10 C	colober 2003		Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
Total of 7 forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissi ner f r Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/81 (09-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number. Under the Paperwork Reduction Act of 1995, no persons are required to

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS** INDICATION FORM

a to respond to a concedent of finol	mation diffess it displays a valid Civib control number.
Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hereby appoint:			<u> </u>
Practitioners associated with the Customer Number:	000987		
OR			
Practitioner(s) named below:			
Name		Registration Num	nber
			- "
as my/our attorney(s) or agent(s) to prosecute the application Trademark Office connected therewith.	identified above, and to transa	act all business in th	ne United States Patent and
Please recognize or change the correspondence address for the	the shows identified application	a to:	
		110.	
The address associated with the above-mentioned C	Customer Number:		
OR			
The address associated with Customer Number:			
OR			
Firm or Individual Name			
Address			
Address			
City	State		Zip
Country			
Telephone I am the:	Fax		
Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)			
SIGNATURE of	Applicant or Assignee of Re	ecord	
Name Philip M. Johnson			
Signature Allo Andrews			
Date /0/10/03		Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			
*Total of 7 forms are submitted.			

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are require

POWER OF ATTORNEY and **CORRESPONDENCE ADDRESS INDICATION FORM**

ed to respond to a confection of inform	nation unless it displays a valid OND control number.
Application Number	Unknown
Filing Date	Unknown
First Named Inventor	Jeremy C. Howard et al.
Title	FACE SHIELD ASSEMBLY
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	02504

I hereby appoint:			·	$\overline{}$
Practitioners associated with the Customer Number:		000987		0
OR .				
Practitioner(s) named below:				
Name			Registration	Number
as mylour attorney(s) or agent(s) to prosecute the application	on identified a	bove, and to trans	act all business	in the United States Patent and
Please recognize or change the correspondence address for	or the above-i	dentified applicatio	on to:	
The address associated with the above-mentioned	d Customer N	lumber:		
OR	<u> </u>			
The address associated with Customer Number:				
OR	L	.		
Firm or Individual Name				
Address				
Address		10.1		
City Country		State		Zip
Telephone		Fax		
I am the:		1		
Applicant/Inventor.				
Assignee of record of the entire interest. See 37 C Statement under 37 CFR 3.73(b) is enclosed. (For	FR 3.71. rm PTO/SB/9	6)		
SIGNATURE	of Applicant	or Assignee of R	ecord	
Name Erica L. Osley	_			
Signature Erica L. Osley				
Date 10110/03 0		· · · · · · · · · · · · · · · · · · ·	Telephone	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				
*Total of forms are submitted.				

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.